

**STATE OF MAINE  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DOROTHEA DIX PSYCHIATRIC CENTER**

**EMPLOYEE & Non-EMPLOYEE UNDERSTANDING OF CONFIDENTIALITY\***

The Department of Health and Human Services/Dorothea Dix Psychiatric Center and its employees, contractors/interns/students/volunteers/visitors will protect confidential information including, but not limited to consumer, employee, and administrative information or issues.

I acknowledge that I have been explained the need for safeguarding confidential information to which I have access, whether verbal, written, electronic, or in any other form. This includes electronic information system log-ins and passwords.

I understand that access to and collection, retrieval, or dissemination of any such information, except in the course of and for the purpose of performing my duties, is expressly prohibited. If I am unsure of my authority or responsibility in this regard, I will consult with my supervisor or designee.

I agree to comply with Department/Dorothea Dix Psychiatric Center policies and procedures in regard to safeguarding confidential information.

I understand that failure to adhere to the confidentiality policy and provisions of State and Federal law may result in disciplinary action up to and including dismissal. I also understand that the unauthorized disclosure of confidential information may result in civil or criminal penalties as set out in law.

I am a State Employee ☐

Contractors/Interns/Students/Volunteers/Visitors ☐

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Supervisor or Instructor Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor or Instructor Signature

\_\_\_\_\_  
Date

\*All employees of the Department and contractors/interns/students/volunteers/visitors must adhere to the confidentiality policy whether or not they sign the *Employee & Non-Employee Understanding of Confidentiality*. Signing this memo of understanding is an acknowledgement that confidentiality has been explained to the employee and does not otherwise abridge any rights of the employee.

Distribution: Original to Individual's Human Resource file;  
Copies to Individual, and to the Staff Education Office  
Form 890 8/03; 12/03; 8/04; 9/16/04; 8/31/05; 4/2/07 (replaces 890a & b)